Image# 10930962246 07%/15F20130 11:20

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation	1 ·
COMMON SENSE ISSUES INC	
(b) Address (number and street)	
0130-A BEEGINVOINT AVENUE - 103	
(c) City, State and ZIP Code	
CINCINNATI OH 45255	FEC Identification Number
2. Corporate filers only	C C90009739
Is the filer a qualified nonprofit corporation?	
Individual filers only Name of Employer	
Name of Employer	Occupation
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report 24-Hour Notice 🛛 48-Hour	Notice
☐ July 15 Quarterly Report	
□ Outhor Outside Provide	
☐ October Quarterly Report	
☐ January 31 Year-End Report	
(b) Is this Report an amendment? Yes ☐ No X	
5. COVERING PERIOD: FROM 07 / 09 / Y Y Y Y Y Y	
THROUGH	
$\begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} / \begin{bmatrix} D & D \\ 1 & 3 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$	
07 13 2010	
6. TOTAL CONTRIBUTIONS	0.00
	7500.00
7. TOTAL INDEPENDENT EXPENDITURES	7500.00
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation	the independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
Patrick Davis	07/15/0010
	07/15/2010
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report	to the penalties of 2 U.S.C 437g.

For further information, contact

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

 $\textbf{A.} \hspace{0.2cm} \textbf{Form/Schedule}: \hspace{0.2cm} \textbf{F5N}$

Transaction ID:

Please note that the independent expenditures disclosed on this report were paid for from general treasury funds and no contributions were made for the purpose of furthering these expenditures.

Image# 10930962248

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

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FOR LINE 7 FOR FORM 5

COMMON SENSE ISSUES INC			
Full Name (Last, First, Middle Initial) of Payee Design 4 Marketing and Communication	ns		Date
Mailing Address 106 N Collins St			0 7 1 3 2 0 1 0 Amount
City Plant City	State FL	Zip Code 22563	7500.00
Purpose of Expenditure Media Placement - Radio		Category/ Type	Office Sought: X House State: KS House Senate District: 04
Name of Federal Candidate Supported or Oppo WINK HARTMAN	osed by Expenditure:		President Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought		67425.00	Disbursement For: X Primary General 2010 Other (specify)
(a) SURTOTAL of Itamized Independent Even	ditures		7500.00
(a) SUBTOTAL of Itemized Independent Expen(b) SUBTOTAL of Unitemized Independent Exp			
(c) TOTAL Independent Expenditures(carry total from last page forward to			7500.00